

OPEN DIALOGUE (Part 1)

(Dialogic Practice)

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“Finland has the Best (Mental Health) Outcomes in the Western World”¹

Dialogic Practice, otherwise known as *Open Dialogue* (OD), focuses on “listening and responding to the whole person in a context,”² rather than solely focusing on symptoms. In psychiatric settings, this is accomplished primarily through a treatment meeting, or Open Dialogue.

Open Dialogue is viewed as a “*network-based approach*” to mental health care that Jaakko Seikkula and his colleagues developed during the 1980’s at the Keropudas Hospital in Tornio, Finland. The emphasis in Open Dialogue is on active listening and collaboration in a group setting, “and uses professional knowledge with a ‘light touch’ – rather than relying solely on medication and hospitalization. It comprises both a way of organizing a treatment system and a form of therapeutic conversation, or Dialogic Practice, within that system.”³ This network based approach begins over the phone with “the clinician asking the caller such questions as: “Who is concerned about the situation or who has been involved that could be of help and is able to participate in the first meeting? Who would be the best person to invite them, you or the treatment team?” These questions both facilitate network participation and help to organize the meeting in a nonhierarchical way, with input from the clients.”⁴ Open Dialogue is a holistic Recovery oriented practice that will become evident in Part 2. First, something more should be said about the history of OD.

Open Dialogue was introduced to the United States four years ago and created what some might call a “great stir” through a book titled “Anatomy of an Epidemic” by Robert Whitaker and a film called “Open Dialogue,”⁵ by Dan Mackler. This “enthusiasm” came

¹ Seikkula, et al, (2006). Five-year experience of first-episode non-affective psychosis in open-dialogue approach: Treatment principles, follow-up outcomes and two case studies.

² Institute for Dialogic Practice (<http://www.dialogicpractice.net/dialogic-practice/about-dialogic-practice>)

³ <http://www.dialogicpractice.net/open-dialogue/about-open-dialogue>

⁴ The Key Elements of Dialogic Practice in Open Dialogue: Fidelity Criteria. Jaakko Seikkula, Ph.D., Mary Olson, Ph.D., Douglas Ziedonis, M.D., MPH. University of Massachusetts Medical School, University of Jyväskylä, Finland

⁵ <http://wildtruth.net/dvd/opendialogue> . This documentary, by Daniel Mackler, made me wonder why LACDMH has not yet had some training for staff on Open Dialogue. Clicking on this footnote will bring the reader to this ‘eye-opening’ documentary. Readers are encouraged to click on this web-address to view this documentary that is a little over an hour long.

about due to Smith College Professor Mary Olson who became the only certified trainer of Open Dialogue in the US. It is becoming very popular among Peers, (recovering and recovered individuals with lived experience, i.e., people with a current or prior diagnosis of mental illness.)⁶

“Starting in the eighties, there have been a variety of research studies of Open Dialogue and its outcomes with early psychosis. Garnering widespread international attention, the results consistently show this approach reduces hospitalization, the use of medication, and recidivism when compared with ‘treatment as usual.’ For example, in a five-year study, 83% of patients had returned to their jobs or studies or were looking for a job (Seikkula et al. 2006). In the same study, 77% did not have any residual symptoms. Such outcomes led the Finnish National Research and Development Center for Welfare and Health to award a prize recognizing the Keropudas group for “the ongoing development of psychiatric care over a period of ten years.” — From the [Institute for Dialogic Practice](#)

“In Lapland, Finland, they are getting the best results in the world for the treatment of psychosis,” and now, “Finland has the best (mental health) outcomes in the world.” During a 20-year period utilizing this approach, the frequency of schizophrenia in that region went from one of the highest in the world to one of the lowest.⁷

This ends Part 1 of Open Dialogue. Part two will commence in the next installment of the LACDMH PIO e-News with the “Treatment Meeting.”

⁶ “Dialogical Recovery from Monological Medicine,” by Daniel Fisher, M.D., Ph.D.

⁷ Seikkula, et al, (2006). Five-year experience of first-episode nonaffective psychosis in open-dialogue approach: Treatment principles, follow-up outcomes and two case studies.